

Salt River

Pima-Maricopa Indian Community 10,005 East Osborn Road, Scottsdale, Arizona 85256 Telephone (480) 362-7400 FAX (480) 362-7593

BOARD/COMMITTEE APPLICATION

Fill out the application in it's entirety. Resumes may be attached, but please DO NOT use "See Resume"

Name:		Date							
Are you Native American? ☐ Yes ☐ No If									
Mailing Address:									
	Phone #: Work Phone #:								
Cellular Phone #:	ılar Phone #: E-Mail:								
Which form of contact do you prefer? ☐ Mail									
	EMPLOYMENT								
Are you employed? ☐ Yes ☐ No If Yes, E	Employer:								
Position:	n: Supervisor(s):								
Holding a Board/Committee seat requires dedicated individuals. Do you have any commitments which would prevent you from attending daytime, evening, weekend, and emergency meetings? ☐ Yes ☐ No									
Have you ever been terminated? ☐ Yes ☐ No Reason:									
Have you ever been asked to resign? □ Ye	es 🛘 No Reason:	-							
BOARD INFORMATION									
What Board/Committee are you applying for?									
What position are you interested in? ☐ Community Member ☐ Professional ☐ Other									
Are you interested in any other Boards/Comm	nittees?	se list in order of preference)							
1 2		3							
Current Boards/Committees you serve on:									
Board/Committee	Dates Served	Seat Held							
Previous Boards/Committees you have serve	d on:								
Board/Committee	Dates Served	Seat Held							
Please list any relatives currently on the Boar	d/Committee:								
Please list any relatives who are employed by									
	,								
Why are you interested in being a Board/Committee member?									
What other experience do you have that relat	es to the industry/issues the Board	d/Committee deals with?							
The same experiences do you have and rolate									

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EDUCATION											
School Level	Name &	Location Of School	ol Graduated		Certificate/ Diploma		Major/ Degree	Graduation Year			
High School/G.E.D.			Yes □	No □							
Trade/Business School			Yes □	No 🗖							
College			Yes □	No 🗆							
Graduate School			Yes □	No 🗆							
CRIMINAL HISTORY											
Have you ever pleat Have you ever pleat Have you ever pleat Have you ever pleat If Yes, identify the crim Please provide any det but will be considered	ad guilty to ad guilty to ad guilty to ad guilty to be for which yeals you feel a as part of ar	ittee seat, are you w or plead no contest or plead no contest or plead no contest or plead no contest ou were convicted, the care relevant. Conviction of or overall evaluation of you	to crimes to a misd to a felon to any typ dates of the of a crime w	against emeanor y? be of thef conviction vill not auto	persons? ? t or fraud? and the location matically disqua	n of the alify you f	Yes Yes Yes Yes Court in which you room consideration	n for employmen			
Crime	Isifying your application. Crime		Dates Court Location		ation	Details					
			COMM	ENTS							
			REFERE								
Please provide cor Full Name		nation for three refere Daytime Phone Nu		ces (who are not related to you) ber Relation to You			Years	Known			
		CERTIFIC	ATION A	ND AGR	EEMENT						
refusal of my a 2. It is my unders verify the inform 3. I understand a	pplication. standing th mation give nd agree th	omission of facts in at the Board/Commien. I release from lianat I <u>MAY</u> be required applicable rules, regular	my applionittee will reability any	eation or eview my person on the person of	any attachmony application giving or recented characteristics.	and m eiving a eck.	ay contact my iny such inform	references to			
Applicant Signature: Date:											

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